

The sources of professional confidence in occupational therapy students

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ABSTRACT

Introduction: While undergraduate training in South Africa places an emphasis on ensuring the competence of occupational therapy graduates, very little attention has been paid to exploring their professional confidence, despite the fact that this has been highlighted as an issue for students. The foundation for professional confidence is laid during student years, and is influenced by a number of determinants, which this study aimed to identify.

Methods and material: Qualitative methodology was used with a purposive sample of nineteen final year occupational therapy students. Students were invited to participate voluntarily in focus group interviews and/or submit their reflective journal. Five lecturers and six clinical supervisors at the University concerned also participated in focus group interviews. Deductive thematic analysis of the data was undertaken.

Results: Two broad themes emerged. The first theme, external determinants, included clinical experience, relationships with peers, staff and patients, and the changing environment in which they worked. The second theme, internal determinants, included certain identified personal characteristics and influencers. The external and internal sources of professional confidence beliefs were either within the control of the student, or the lecturer/clinical supervisor or the profession.

Discussion: A number of recommendations ranging from re-thinking clinical practicals and supervision are made. These findings have implications for student selection, teaching methodology and experiences, and the professional identity of the profession. Greater formal emphasis needs to be placed on confidence building during the undergraduate experience.

Key words: Professional confidence, occupational therapy students, occupational therapy education, clinical practical, reflective journaling, supervision

Introduction

Occupational Therapy has been recognised as a health profession in South Africa since the early 1940's and the first students started their training in 1943. Eight Universities now offer accredited programmes, with approximately 250 graduates entering the market each year. Despite comprehensive training which includes theory and practical experience, graduates' lack of confidence in their ability to practise has been raised as a matter of concern by students and staff. While some international studies have been done to identify how professional confidence manifests¹⁻⁴, Brown et al¹ reported a vagueness in characterisation of the concept and that little is known about how confidence is fostered.

In South Africa, students undertake a four year undergraduate professional bachelors degree and are required to complete 1000 hours⁵ of clinical work (clinical practice) before graduation. How these hours are allocated over the four years of a programme is not prescribed, but for example, at the University in question, approximately 800 of these clinical practical hours are completed in the final year, within four clinical practical modules, and a three week full-time, ungraded, elective block at a venue of the student's choice undertaken just before the final examinations. Students are allocated individually, or as a small group (two - five students), to a clinical supervisor at a specific site during each of the four clinical practical blocks. In South Africa this group mode of supervision is frequently used, as the number of sites available for clinical practice are limited and University departments lack the resources to place students in a 1:1 model with a supervisor. The term clinical supervisor is used to imply any occupational therapist who supervises a student while on a clinical block and can be the clinical therapist employed by the site, a university lecturer or an externally appointed supervi-

sors whose sole responsibility it is to supervise the student. These periods of clinical practice are interspersed with theoretical blocks, and students also undertake an honours level research project in small groups during the year. Clinical practice follows a traditional professional socialisation process, through which students are essentially facilitated into the ways of the discipline⁶.

According to Rodger et al⁷, the purpose of an occupational therapy education programme is to "... produce competent generalists ..." ^{7:48} with "... rudimentary skills, fundamental knowledge and attitudes ..." ^{7:51} while providing those "... experiences considered crucial in preparation for beginning to practice" ^{7:4}. However, the process of transforming students from their undergraduate status to being graduate professionals is not well understood⁸. Traditionally, the focus of teaching has been on developing practical skills to ensure competence. While these skills are essential to the art of the profession, a number of authors have argued that this emphasis has been to the detriment of consciously developing other important abilities, including, but not limited to, an appreciation of life-long learning⁹, communication skills¹⁰, coping strategies⁶ and, most importantly, professional confidence¹¹⁻¹⁵.

Although a number of studies¹⁶⁻¹⁹ have highlighted the issue of student's perceived lack of professional confidence, suggestions on how this complex phenomenon can be supported and nurtured are limited. This is of concern, particularly since the foundations for becoming a professionally confident health care practitioner are established during student years³. Professional confidence is a strongly desired trait, as suitably equipped students are more likely to take on and benefit from educational opportunities made available to them^{12,20,21}. Professional confidence is viewed as "... one of the most important personal factors influencing clinical



decision making, because if a clinician believes that he or she has the skills to assess a patient's concerns and that the outcome of this assessment will lead to improved quality for the patient, it is more likely that the clinician will engage ..."^{3:153}. Professional confidence therefore appears to underpin competence, both of which have been linked to professional identity^{2,22}. While competence and professional identity have received wide ranging attention within occupational therapy literature, professional confidence has not been explored with the same vigour, and few suggestions on how it can be fostered were found.

The aim of this study was to explore the determinants influencing the development of professional confidence of final year occupational therapy students. The broad research question was: 'What circumstances, situations, events and personal characteristics do students, and their lecturers or clinical supervisors identify as contributing to, or affecting the development of their professional confidence prior to graduation?'

Literature review

Professional confidence has been defined as "...a dynamic, maturing personal belief held by a professional or student. This includes an understanding of and a belief in the role, scope of practice and significance of the profession, and is based on their capacity to competently fulfil these expectations, fostered through a process of affirming experiences"²³. The sources or determinants of professional confidence lie in certain personality components and the circumstances, situations, activities, events and relationships that an individual engages in on a daily basis²⁴. A qualitative study¹ undertaken at McMaster University School of Nursing sought to investigate what influenced or hindered professional confidence with a group of baccalaureate nursing students. This study identified personality traits and behaviours before admission to undergraduate study and elements within the educational programme as forerunners to the development of professional confidence.

In terms of determinants prior to admission into a programme of study, a tendency to 'be involved and to take initiative' and 'venturing out', nurtured and evidenced during childhood years were reported as positively impacting on personal and later professional confidence¹. Positive feedback from significant others during this developmental period and a general ability to cope with stress were further identified¹. The determinants of professional confidence during the educational experience were identified, firstly, as the supervisor/student relationship, secondly as actual experience gained and thirdly, as feedback received from peers, lecturers, clinical supervisors and patients¹.

One of the understood purposes of supervision in clinical practice situations is to increase the professional confidence of students^{11,13,22,25}. The close professional relationship that develops between a student and supervisor is assumed to be conducive to creating a positive learning environment, which in turn is understood to promote professional confidence^{1,25}. While research undertaken in nursing²⁶ concluded that the supervisor-student experiences do raise student nurses' confidence levels, others have cautioned that the role played by supervisors in either fostering or hindering students' professional confidence was mostly speculative, with little empirical evidence to substantiate this claim^{3,27}.

The most significant determinant enabling professional confidence during an educational experience was considered the opportunity to gain experience^{1,3}. Atkinson and Steward¹⁹ explored the experiences of occupational therapy students both before and after leaving university. Their sample was acknowledged as being small (n=25 pre-qualification and n=3 post-qualification) and represented students from only one training centre in the United Kingdom. It was, however, noted that new practitioners reported heightened levels of ability through increased professional confidence, brought about, in part by, the experience gained to date, increased knowledge, the opportunity to practise certain skills and realising that they did not need to know everything. In a study undertaken with the first group of clinical psychologists performing community service in South Africa, 90% of the sample

(n=52) reported increased professional confidence levels as they gained experience working²⁸. While it is acknowledged that these studies were done with post-qualification professionals, most final year occupational therapy students undertake some independent practice as they near course completion. Perceptions of professional confidence also arise from feedback from peers, tutors, clinical supervisors and/or other colleagues. Continual self-evaluation undertaken through reflecting in and on practice, was also reported to foster professional confidence³.

Certain personally held beliefs, strategies and identity issues were further reported as impacting positively on professional confidence. These included low anxiety levels¹², a comprehensive knowledge of self¹, enjoying a strong belief in one's abilities³, being prepared for any experience¹, internalising the values, knowledge and skills of the profession², feeling competent and embodying a growing professional identity².

Overstated expectations about clinical practice on a students part was reported as negatively impacting on professional confidence^{29,30}, as there was a disjuncture between expectation and reality. In addition, while clinical practical might provide a necessary sense of reality to students, expectations from clinical supervisors perceived as unrealistic were reported as leaving students feeling vulnerable and under threat³¹. The image of a profession, perceptions of the programme and certain identified tutor behaviours were also noted as hindering confidence development¹.

International studies report determinants that influence the development of professional confidence in the nursing² and chiropractic³ professions. However, there appears to be a gap in the literature in terms of the determinants influencing the development of professional confidence in occupational therapy students. By implication there appears to be limited understanding of how the development of professional confidence in occupational therapy students could be fostered, despite an acknowledgement that "now more than ever, it is important for us to educate not only competent but also confident therapists to meet the demands of a changing work world"^{13:5}.

Method

Study design

The research question was approached from within the qualitative paradigm with reality assumed to be socially constructed, recognising that there were possibly multiple truths. One South African educational facility was selected for the study, as it has a diverse student and staff population which was considered important, as diversity issues have not always informed research into professional confidence³²⁻³⁴ or occupational therapy^{14,35}. This facility served as the selected case, as Stake³⁶ noted that case study research could be used to choose that which is studied rather than as a methodology per se. Case study research offers a way of understanding complex human encounters in a particular context, important for the exploration of, and subsequent development of discipline knowledge in that same context^{37,38}.

Purposive sampling was used, and an invitation was extended to a group of 21 final year occupational therapy students to volunteer to participate in the study. Participants' ages ranged from 20 to 26 years and the group included two male students. The students came from different racial, cultural, religious and socio-economic backgrounds representative of the South African population. Participants' school experiences ranged from education received in under-resourced government schools, ex Model C government schools (well resourced) and private schools. A variety of languages were identified as the participants' first language, including English, isiZulu, SeSotho and Afrikaans, with the majority speaking English at home. All students took a semester course in conversational isiZulu (and an overview of Zulu cultural practices) to prepare them for their engagement with their service users, the majority of whom were isiZulu speakers. The participants either lived at home during the year, or made use of university hostel accommodation, having originated from the local municipal district which included both urban or peri-urban



settings, or from more rural environments further afield in the province and adjoining countries.

The purpose of the study was explained, and students were invited to volunteer to participate in two ways; through participation in focus group interviews and/or through submission of their reflective journal undertaken during their first clinical practical block of the year. The voluntary nature of participation was explained and volunteers were requested to sign an informed consent statement for their involvement in each of the data gathering exercises.

Nineteen students volunteered to participate in one or two of the five semi-structured focus group interviews³⁹ held during the year. Focus group interviews, consisting of three to eight students were arranged on the basis of the students' availability, and were scheduled for a time and place mutually agreed upon by the researcher and the participants. The first focus group of three students was held just after the first clinical practical block ended in April, with the last focus group, consisting of eight participants, taking place after the final examinations in November. Between these two groups, three more focus group interviews consisting of three (two groups) or six students were held. All the focus group interviews were audiotaped and transcribed verbatim.

Similarly, clinical supervisors and lecturers, actively involved in supervising this cohort of students were invited to participate in the study in a focus group interview held mid-year. An open invitation was extended to clinical supervisors and lecturers. Six supervisors and five members of the university's lecturing staff participated in two focus groups, one with each staff grouping. Similar to the student group, the lecturers and clinical supervisors represented a diverse cross-section of the South African population, and while the majority was female there was one male lecturer in the sample.

Reflective journals containing descriptive information and the students' reflections on practice, undertaken during their first clinical practical block of the year, provided additional data. Professional confidence as a phenomenon was not introduced to the student participants during the presentation of reflective journaling methodology before their clinical practical block, as the reflective journals were produced with another purpose in mind. However, the researcher had concurrently met with the student group to appraise them of the study and invite them to participate. Seventeen participants volunteered to submit their journals by mid-year, after they had been graded. Each journal, generally handwritten, was copy typed to facilitate data management.

Ethical clearance for the study was obtained from the Humanities and Social Sciences Ethics Committee of the University concerned (HSS/0156/2010), and internal gate-keeping imperatives regarding ethical protection of participants were met in both the Faculty and the School where the discipline was housed.

Data Analysis

Data analysis occurred concurrently with data collection which took place from April until the academic year drew to a close. The method of data analysis used to explore the experiences of the research participants was thematic analysis⁴⁰. As the researcher was guided by theoretical interests and preconceptions in the broad topic, having read widely in the area before and during undertaking the data analysis, theoretical or deductive analysis⁴⁰ was undertaken. Data across the data set was initially coded taking the broad sources of professional confidence, identified during the literature review, into consideration.

In order to enhance trustworthiness in this study, the following methods were used. Credibility⁴¹ was achieved by employing research participants specifically chosen to represent the experiences of as diverse a group of occupational therapy students, lecturers and clinical supervisors as possible. Verisimilitude⁴² will have been achieved if an occupational therapy student, lecturer or clinical supervisor (as the reader) recognised the situations, events and personal characteristics described and could relate to them, and if the account provided rang true. Finally, the process employed throughout the study was consistent, for example, the focus groups were conducted by the same researcher, using the same introduction and broad interview questions, thereby increasing dependability⁴¹.

Findings

Two broad themes, namely external determinants and internal determinants emerged from the data. Participants perceived and experienced the external determinants that influenced the development of their professional confidence as: Opportunities for vicarious learning – not just doing as they said, but doing as they did. Opportunities for practice – practice makes perfect. Marks awarded – they do matter. Clinical supervision – a critical relationship. Peers – very important people. Feedback – hearing it like it is from others. The competence – confidence link and I can do it. Professional identity issues – green pants people, and lastly the current health care scenario – the way things are today. The internal determinants that played a similar role were perceived and experienced as: Locus of control – it is inside. Anxiety stress and coping – next time I can, and language and cultural issues – do you speak my language.

A. External determinants:

1. Vicarious learning: Not just doing as they said, but doing as they did ...

Participants reported that watching a supervisor successfully engage in practice was an important confidence booster: *"I think what improved my confidence ... was when I watched an OT [occupational therapist] ... so the next time I was with the patient, I just thought of like, let me try this. I found that it worked and then... my confidence was boosted ... just having somebody there to show you and then trying it out and finding that it actually works for you, helped me a lot"* (FG¹). A clinical supervisor with years of experience noted: *"... where they see the OTs doing things, and they kind of then model your behaviour ... that builds that confidence"* (FG), acknowledging that she understood that vicarious learning was an important source of professional confidence in students: *"... you'll see them trying out what you were doing ... I think that's important because that's how we all learn"* (FG).

2. Opportunities for practice: Practice makes perfect ...

The participants all appeared to understand and appreciate that with practice comes greater competence which led in turn to enhanced professional confidence: *"... because you know, like the more you practice the more you get confidence in things ..."* (FG). The link was repeatedly made by the participants, who also noted that with more experience and concomitant confidence they also engaged more. This evolving professional confidence acquired through practice in one area, also positively infused their anticipated engagement in subsequent blocks: *"...I feel so confident walking out of that school. But not only confident about Paeds but the rest of the pracs..."* (JE). What they engaged in also needed to be perceived as successful, as success was an integral aspect of this cycle. Staff were also aware of this, with an academic participant noting: *"I think if they have repeated successes, it might be a major [boost] of their confidence at the end"* (FG).

A constant refrain from many of the participants was a reference to time, and the relationship between time, repeated practice opportunities and confidence: *"I mean you don't have time obviously to have practised three times ... three times ... to get that confidence"* (FG). Time, acknowledged as being limited, impacted on their ability to gain enough experience and practice certain skills and techniques sufficiently.

3. Marks awarded: They do matter ...

The participants reported that with respect to actual experience, the marks or grades awarded for performance aided or at times hindered their perceptions of competence and confidence. *"... knowing that you have a good mark, it just boosts your confidence much more..."* (FG). Good grades therefore, appeared to contribute to

1 The source of any direct quote included in the findings as evidence has been indicated as either a FG -focus group or a JE - journal entry



fostering professional confidence. However, the belief a supervisor displayed in a student was noted as ameliorating the negative effect low marks could have on professional confidence, as described in the next section.

4. Clinical supervision: A critical relationship ...

Participants were clear that: "... our supervisors can build our confidence ..." (FG). The importance of first impressions setting the tone for the ensuing relationship was raised by the participants in a number of the focus groups and in individual journal entries: "If you're able to win your supervisor on the first place, she will be confident about you" (FG). How the two parties perceived each other on the first meeting was noted as generally setting the tone for the ensuing relationship, with participants describing this resulting in their supervisor then either believing and/or having confidence in them or not. A unique insight offered by a male student related to how on first meeting with a supervisor, "... we're going to use our charms..." (FG), suggested that gender relations were perceived as a resource for male students to manage the supervisory relationship within this historically female working environment.

In terms of the personal qualities of supervisors, knowing the student, believing in them, being supportive, encouraging them, being there for them, understanding and helping were all identified as being important by the student participants: "They encouraged us and didn't break us down. This gives us confidence in ourselves and allows us to grow and improve..." (JE). Supervisors with these qualities were acknowledged as making students feel more confident: "... like a supervisor who understands – I mean you can work so much better, you feel comfortable, you're at ease with your patient ... you just need encouragement sometimes, yes, it boosts our confidence..." (FG). The converse was noted by the participants as having the potential to adversely affect a student's confidence: "I don't know how to say it, for the first time in OT... but my clinical supervisor, I felt like she did not like me ... she had a negative attitude towards me" and the student concluded: "...and that really brought down my confidence" (FG). A positive and supportive relationship was viewed as ameliorating concerns around grades and perceptions of confidence: "My marks are the worst prac marks I got in my three years of OT, but I feel the most competent and I have confidence in myself, all because of my supervisors. They believed in me, and so I can believe in myself" (JE). A supervisor, reflecting back on her own experiences as a student, related her ideas on what she thought important for a supervisor to offer: "... it's the support that we're giving building it [confidence], that really helps" (FG).

5. Peers: Very important people ...

The group model of supervision raised some important pointers for developing confidence. The two most frequently voiced benefits for developing professional confidence, according to the participants, were reported as firstly, that students experienced support and encouragement as they felt that they were in this together: "... people are experiencing the same things, it's such a good support, like it's such a good way to like boost your confidence also because I think, you know, you're down and you don't know what to do and everything like that, and then that person kind of lifts you up and encourages you ..." (FG). Secondly, the participants reported that they learnt from one another. In situations where it was reported that students were afforded very little opportunity to observe qualified therapists engaging in actual practice for a variety of reasons, working with peers served as an important foundation for learning and raising confidence: "...it was really nice to have that kind of support. It just boosted your confidence more because you actually reassured each other in a way" (FG). The participants also noted that peers were viewed as being of more value than other sources of knowledge and assistance at time: "... because even if you can go to the book sometimes, the books will not give you that direction in as much as it can be given by someone [referring to peers] who has that experience ..." (FG). One participant voiced disquiet about the potential of being placed alone at a site: "... I could imagine if I was alone, wow, there are things that would

be difficult ..." (FG). This mutual sharing and observing allowed students to draw strength from the experiences of their peers, and allowed comparisons to be made between peers. This form of group clinical practice does however come with some risks, as some participants expressed concerns about 'getting on' with their peers, and others felt that not all peers were that supportive at times.

6. Feedback: Hearing it like it is from others ...

Feedback from clinical supervisors was acknowledged by the student participants as one of the main determinants that boosted confidence. A participant reported that: "...what also played a big role in our confidence is the feedback we got from her [referring to a clinical supervisor]" (FG). Another important determinant arising from feedback was the comments of patients (service users): "... because a patient would say thank you or whatever ... yes, that would be a huge thing that is boosting my confidence" (FG) and the family members of service users: "... when the parents [of a child being seen during an clinical practical experience] start making comments you know ... like it just boosts your confidence, it really helped" (FG).

7. The competence – confidence link: I can do it ...

Competence, knowledge and confidence are inextricably linked to one another, and it appeared well understood by the participants as this excerpt from a focus group interview demonstrated: "...you know, I'd basically lost confidence in myself because I don't think I was competent. ... so because I wasn't feeling confident in my ability, my competency actually did generally decline" (FG), and it was further described as a cyclical process: "...it was like a vicious cycle" [in this instance]. At times, competence was recorded as influencing confidence, for example, a student participant noted that: "you have to know your stuff to feel confident initially" (FG), with a supervisor concurring: "I felt that like the lack of confidence of the students that I've had, has been directly proportional to the [their] lack of knowledge" (FG). However, the converse was also perceived as true by the participants: "... confidence went hand-in-hand with knowledge" (FG).

8. Professional identity issues: "Green pants people ..."

The participants appeared acutely aware of the role professional identity and the image of the profession had on professional confidence. Participants reported: "... it just helps to know that your profession stands out somewhere and it's making a difference. That health professionals know that you exist, not as when you [have to] tell someone 'I'm doing OT'" (FG).

The participants noted that deciding what occupational therapy essentially was, was difficult at times: "... often I feel like 'is this my role? isn't this my role?' and then you don't feel confident" (FG). Student participants and supervisors alike commented on, what they termed, a jack-of-all-trades notion to being an occupational therapist, and the impact that had on professional confidence.

Concern was also raised about expressing or voicing their professional identity: "you know what I find difficult, to voice how I'm, what I'm thinking, ... that's when I lose my confidence" (FG). This reported inability to succinctly define their role had detrimental consequences, as the participants perceived that occupational therapists were often misunderstood by other professionals, who found it difficult to understand the broad scope of the profession: "Oh, you guys are what? Green pants people, right ..." (FG). The speaker in this instance appeared to equate profession to uniform colour, as opposed to actual practice.

A supervisor, possibly better equipped to comment on the image of the profession noted: "It's the image that's created we are seen as the lesser profession" (FG). This was noted by the participants in general as affecting professional confidence levels: "... because you think what does everyone else think about OT?" The qualified therapists were very conscious that what happened in the work-place had a definite impact on students' confidence levels: "... it has an impact on the confidence of us therapists that are in that setting, so there's no way that it's not going to affect the students that are coming in, because you're fighting to do your job on many levels, ... and



every time you lose a battle the confidence dips” (FG). The interplay of professional confidence, professional identity and the image of the profession was critical, and it was noted by a participant that: “... when your profession’s not really recognised ... you sort of maybe hide-away” (FG).

9. The current health care scenario: The way things are today ...

Perceptions and experiences reported on by the participants in a number of the focus group interviews, were that occupational therapists suffered from burn-out, resources were limited, and that many health care professionals perceived a lack of success with their patients due to a high mortality rate or the quick turnaround of patients in a hospital settings. All these aspects were noted as impacting on professional confidence by the participants. “I know every person that went to hospital X, the moment they entered through the boom gate, their confidence levels go all the way down, ... because that place, oh my goodness, I don’t even know where to start, but it’s burnt out OT’s ...” (FG). The high mortality rate in hospitals impacted on students’ confidence levels, and was explained by a participant in the following way: “... our patients die all the time, so you always get the feeling ‘am I doing the right thing?’, and then it impacts your confidence because you’re not seeing that you’re doing something right...” (FG). This related back to an earlier point when it was noted that perceived success enhanced confidence. Supervisors were well aware of this situation: “...like if they lose a patient as a student, they don’t know how to handle it and it sort of brings their confidence down, like I can’t, I couldn’t do enough for my patient ...” (FG). In other situations, participant patients were discharged prematurely, often well before the logical completion of any treatment intervention: “... our patients are here for such a short time ...” (FG), implying, once again, that students were frequently denied any feelings of success and by implication confidence.

B. Internal determinants: Doing it for myself. Me, myself, I...

1. Locus of control: It is inside ...

An important internal determinant that emerged strongly from the data was the reported need of students to take personal responsibility for their professional confidence. The participants raised issues around the locus of control and the their professional confidence: “... so I think you must learn from inside yourself how to become confident, you can’t always blame everybody because you’re not confident – it comes from the inside ...” (FG). Why confidence beliefs had to come from inside one was aptly summed up by another participant as follows: “... because if you wait for other people to build your confidence, you’re not going to get any better” (FG).

2. Anxiety, stress and coping: Next time I can ...

Stress and anxiety were noted by the participants as negatively impacting on perceptions of confidence, with participants describing a number of coping mechanisms they used. Being prepared for clinical practical featured prominently: “I’m going to practise again before Friday, because when I’m prepared I feel more confident” (JE) and: “I made sure I arrived on time, I got everything planned, prepared ... that helped my confidence in the end...” (FG). Having faith in a power greater than self was raised by a number of participants: “... my belief in God, and that kind of gives me my confidence” (FG). Positive self-talk was also noted by the participants as aiding confidence: “...I always do this and talk to myself, you know [names self] you can do it” (FG). Anxiety levels, stress, coping and feeling confident appeared linked and frequent references to trying to see things in perspective were made: “... take a step back, ... I think when you get perspective then suddenly you’re not as anxious and you have more confidence” (FG). Reflecting back, either over a day or over a period of clinical practical, provided participants with feedback on their experiences to date: “... as you realise you are improving, it helps you realise ‘I can do this’ and ‘I am getting better at it’ and when you know for sure your treatment is correct and beneficial to

your patient ...” (FG). The journaling exercise appeared to have provided participants with a valuable vehicle for reflecting: “This journal was a good idea. It does take up time. But it’s worth it. You get to vent, you get to think ...” (JE).

3. Language and cultural issues: Do you speak my language? ...

Participants whose home language was not English raised language as an issue affecting their professional confidence. When they were obliged to use English, their second or third language, to interact with patients, they felt their confidence wane: “... the language I think, it’s also one thing which is bringing out the un-confidence a little bit in us” (FG). However, these same students were acutely aware that when they used their home language with their patients they could justifiably feel confident: “... if you use your language you are better, you have more confidence...” (FG). An insightful participant noted: “...I really need to be trained in a way that I can be confident in any culture” (FG).

In conclusion, professional confidence was presented by the participants as a belief that arose wholly from within themselves. “I’m feeling confident. ... But it comes from inside ... it’s like a thing inside you, this confidence” (FG) and locus of control, coping, language and cultural issues were inextricably imbedded.

Discussion and Recommendations

From the preceding results, it is evident that a number of these determinants are either within the control of educators, the students themselves or within the profession and the service sector as a whole.

Determinants within the control of the educators

Using a group model to supervise students was noted as encouraging the development of professional confidence by the participants. This finding supports previous research which reported that group supervision produced students who were more confident than those allocated to a more traditional 1:1 supervisory model²⁰. Participants found that it gave them the opportunity to share and reflect with peers, who lent support and provided different types of learning opportunities. This study, therefore, supports previous nursing studies^{1,2,24} which recorded that strength could be drawn from peers and professional confidence fostered.

The participants noted that with experience came professional confidence, similar to other studies^{1,3,28} but that opportunities needed to span a realistic period of time, during which the student could gain experience through repetition. This has implications for deciding what experiences students need to have during their 1000 hours of clinical practical training. A one-size-fits-all approach to clinical practice might not be the ideal, as learning is strongly influenced by individual attributes, as individual students and student cohorts differ in their needs⁴³.

Thirdly, this study highlighted the fact that clinical supervisors, and the supervision they provided during clinical practical experiences, played an important role in influencing professional confidence which was similar to other findings^{13,26}. In previous research⁴⁴, qualified therapists described their personal experience as undergraduates to be the most beneficial when their clinical supervisors saw it as their duty, and acted in a way that built their confidence. Certain personal qualities in clinical supervisors were noted as supporting the development of professional confidence; the actual relationship that developed was critical and feedback received enhanced confidence perceptions as well. These issues argue for careful selection of clinical supervisors and should inform the content of any clinical supervisor training programme.

Fourthly, feedback from a number of sources was noted as encouraging professional confidence, with positive constructive feedback being one of the most important confidence boosters.

Finally, individuals from diverse backgrounds need to be admitted and to serve as supervisors, to inform and shape the profession from within^{45,46}. Language usage, an item not reported on in the literature, and its possible effect on professional confidence as presented here, is deserving of further exploration. As English is



often considered the language of business and education, it was not unexpected that none of the English home language speaking participants expressed any opinion about language or cultural groupings affecting their confidence. However, "practice becomes effective when appropriately matched to the cultural beliefs and values of individuals, groups and communities"^{47:157} and fieldwork undertaken in under-resourced and multicultural settings can be a rewarding learning experience, in turn boosting professional confidence⁴⁸.

Determinants within the control of the students

In keeping with previous research^{1,2,12}, the research participants reported low anxiety levels, feeling competent, and being prepared as internal characteristics required to feel confident. In addition, they reported that an internal locus of control and language as issues they considered impacting on their professional confidence, lending credence to an opinion put forward by McLaughlin, Moutray and Muldoon⁴³ that the mere application of external confidence boosters would not necessarily work. Managing stress helps to build confidence, and this can be achieved by encouraging self-reflection in journaling exercises, positive self-talk and reflecting on past behaviour.

Determinants within the control of the profession and/or service providers

The participants described how difficult it was at times to explain what it was they were thinking or doing as occupational therapists, and the negative effect that had on their professional confidence. Two implications of this are immediately evident. Firstly, as the professional identity of a student is largely cultivated through identification with clinical supervisors, supervisors need to project a strong professional identity and be able to convey their thinking and reasoning to others. Secondly, clinical supervisors lacking professional confidence and a healthy professional identity may be unable to encourage their students to be more independent or confident than they themselves are, with detrimental consequences for the future of the profession.

The practice environments of health professionals in general, and occupational therapists in particular, are changing, requiring new sets of skills. This was raised by both the students and their supervisors, and necessitates a responsibility for the profession to deal with and set the pace for change through creative and innovative ideas.

Limitations

This study did not presume to explore or pronounce on whether this group of students was in fact professionally confident or to what degree they demonstrated professional confidence at any point in their final year at University. As data was gathered from a purposeful sample of students, their lecturers and clinical supervisors, it reflects the experiences and perceptions of what influenced their professional confidence in the particular context.

Conclusion

The aim of this study was to explore the circumstances, situations, events and personal characteristics influencing professional confidence of a group of final year occupational therapy students. This study has indicated that the determinants or sources of professional confidence emanated from both within the student and from outside, and ranged from having an internal locus of control, dealing appropriately with change and stress, undertaking clinical practice in a group under the guidance of a confident supervisor, experiencing success with occupational therapy interventions to being able to work in an environment where the purpose and scope of occupational therapy were understood and respected.

Professional confidence appears to underpin competence, both of which are linked to professional identity, and for this reason, professional confidence needs to be acknowledged as an important component of occupational therapy education and research and explored to the same extent as the other two.

The findings of this study are significant, as they have implications for broadening the intake of students, the design of the curriculum and planning of clinical practical experiences, the student/supervisor

relationship, crafting opportunities for feedback and considering how the profession can best promote and position itself within the health sector.

Professional confidence should be identified as a targeted outcome of occupational therapy education and training programmes, and must be consciously nurtured in students, rather than leaving it to chance.

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